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PH: (312) 277-2006
FX: (312) 441-0570**FACSIMILE TRANSMISSION**TOTAL PAGES (Including Cover Page) 19 DATE: March 22, 2007Commissioner of Patents and Trademarks
TO: Examiner: James M Hannett FROM: Robert J. Depke, Reg. No. 37,607FAX NO: (571) 273-8300 FAX NO: (312) 441-0570*If you experience any difficulty with this transmission, please call (312) 277-2006 for assistance.***ORIGINAL COPY AND ENCLOSURES**☐ WILL BE SENT BY ☐ MAIL ☐ COURIER
☒ WILL NOT BE SENT**NOTES:**Inventor: Satoshi Yoshihara
Serial No. : 09/447,301
Art Unit: 2622
Filed: November 23, 1999
Attorney Ref.: 075834.00038**CERTIFICATION OF FACSIMILE TRANSMISSION**I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office to facsimile no. 1-571-273-8300 on 3/22/07.
Robert J. Depke**IMPORTANT NOTICE**

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PTO/SB/21 (09-04)

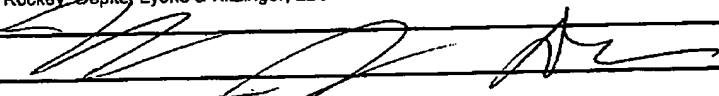
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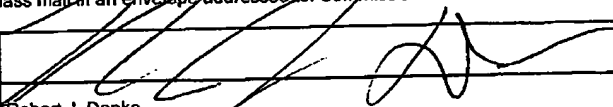
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/447,301
	Filing Date	Nov 23, 1999
	First Named Inventor	Satoshi Yoshihara
	Art Unit	2622
	Examiner Name	James M Hannett
	Attorney Docket Number	075834.00038
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/30, PTO/SB/17
Remarks The Commissioner is hereby authorized to charge any fees due or to credit any overpayment to Deposit Account No. 50-3891.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Rockey, Depke, Lyons & Kitzinger, LLC		
Signature			
Printed name	Robert J. Depke		
Date	3/22/07	Reg. No.	37,607

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Robert J. Depke
Date	3/22/07

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 150.00

Complete if Known

Application Number	09/447,301
Filing Date	11/23/1999
First Named Inventor	Satoshi Yoshihara
Examiner Name	James M Hannett
Art Unit	2622
Attorney Docket No.	075834.00038

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-3891 Deposit Account Name: Rockey, Depke, Lyons & Kitzinger, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
23	- 20 or HP = 3	x 50 =	150

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP = 0	x 0 =	0

HP = highest number of independent claims paid for, if greater than 3.

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
	150

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	150 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification; \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fees Paid (\$)
150

SUBMITTED BY		Registration No.	Telephone (313) 277-2006
Signature		(Attorney/Agent) 37,607	Date 3/22/07
Name (Print/Type)	Robert J. Depke		

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